

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097856404**

FILING DATE **23 AUG 2001**

APPLICANT(S) *Modac*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				0			56						
7				0			57						
8				0			58						
9				0			59						
10				0			60						
11				0			61						
12				2			62						
13				2			63						
14				2			64						
15				2			65						
16				2			66						
17				2			67						
18				2			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				0			81						
32				0			82						
33				0			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			39				TOTAL DEP.						
TOTAL CLAIMS			40				TOTAL CLAIMS						